

City of Monticello, Indiana

**Title VI
Complaint Form**

Complaints must be filed within 180 days of the alleged act of discrimination.

Section I

Name _____

Address _____

Telephone Numbers:

(Home) _____ (Work) _____

Electronic Mail Address: _____

Accessible Format Requirements?

Large Print _____ Audio tape _____

TDD _____ Other _____

Section II

Are you filing this complaint on your own behalf?

Yes ____ No ____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party. _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes ____ No ____

Section III

Have you previously filed a Title VI complaint with this agency? Yes____ No____

Section IV

Name of agency complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. Please include the basis of the complaint; race, color, national origin, sex, age, disability or income status.

Please sign here: _____

Date: _____

[Note - We cannot accept your complaint without a signature.]

Please mail your completed form to: Cathy Gross, Title VI Coordinator, City of Monticello, Indiana, 227 N Main St., Monticello IN 47960

Or email to: adacoordinator@monticelloin.gov